

WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION**REAP PROGRAM**601 57th Street, S.E.
Charleston, WV 25301**COVERED ELECTRONIC DEVICE MANUFACTURER ANNUAL REPORT FORM**

Due February 15th or the following year.

REPORTING PERIOD: FROM: JANUARY 1, 2012 TO: DECEMBER 31, 2012

MANUFACTURER INFORMATION

COMPANY NAME:

CONTACT NAME:

TITLE:

PHONE NUMBER:

FAX NUMBER:

EMAIL:

COMPANY WEB ADDRESS:

STREET ADDRESS:

CITY:

STATE or PRINCIPAL SUBDIVISION:

POSTAL (ZIP) CODE:

COUNTRY (if outside U.S.):

RESIDENT AGENT or AUTHORIZED AGENT in U.S. (if applicable)

COMPANY NAME:

CONTACT NAME:

TITLE:

PHONE NUMBER:

EMAIL:

COMPANY WEB ADDRESS:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

COLLECTION INFORMATION

A	Total weight of CEDs recovered in West Virginia by your program:	
B	Of the total amount recovered from West Virginia, how many CEDs were recycled or refurbished and reused?	
C	The total shown in "B" was calculated by: _____ Actual Count _____ Average Product Weights	

Provide a detailed description of the processes and methods used to collect, recycle, or refurbish and reuse the CEDs received from West Virginia: May attach additional information.

If the manufacturer plans to make significant changes to their program during 2010, please describe those changes: May attach additional information.

Signature of Manufacturer Representative_____
Print Name_____
Date